

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046598

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3678

STATE FILE NUMBER

VS 300
Rev. 4/59

1 4002

2 4005

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 92-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOA County Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Richmond Heights

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7707 Lile Avenue

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
RUSSELL JAY SMITH

4. DATE OF DEATH
Month Day Year
November 30, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 12, 1889

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.
4 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Mfg. Agent

10b. KIND OF BUSINESS OR INDUSTRY

Russell J. Smith, Inc.

11. BIRTHPLACE (City and state or country)

Sparta, Michigan

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Smith

13b. MOTHER'S MAIDEN NAME

Georgia

14. NAME OF HUSBAND OR WIFE

Carrie Ann Clancy Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Carrie Smith, 7707 Lile Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

acute

DUE TO (b)

Generalized Arteriosclerosis

chronic

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/26/59 to Nov. 30, 1963 and last saw him alive on 10/25/63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)
Dm Charles MD

22b. ADDRESS

607 N. Grand Ave. St. Louis, Mo. 12/2/63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery St. Louis County, Missouri

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS

Ambruster Mortuary, 6633 Clayton Rd.

25. DATE RECD. BY LOCAL REG.

12-2-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

USE BLACK INK
OR
TYPEWRITER RIBBON

607 N. GRAND
KMI CHANNAS MD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.